



AGREEMENT & CREDIT APPLICATION

Phone (800) 238-9080
Fax (877) 608-0597

BASIC INFORMATION

Company Name (DBA) _____ Legal Business Name _____

Physical Address (No PO boxes) _____ City _____ State _____ Zip _____ Country _____
() ()

Purchasing Telephone Number _____ Purch. Fax Number _____ Purch. Contact Name _____ Purch. E-Mail Address _____

Billing Address (If different from above) _____ City _____ State _____ Zip _____ Country _____
() ()

A/P Telephone Number _____ A/P Fax Number _____ A/P Contact Name _____ A/P E-Mail Address _____

Yes No

Is your organization incorporated? _____ Date Inc/Established _____ State of Inc. _____ Federal ID # _____ # Employees _____

Yes No **If NO**, Provide current exemption certificate

Are your purchases taxable? _____ # of years under current ownership _____

Yes No Yes No **If YES**, provide list of authorized purchasers

Does your organization require POs? _____ Do you have a list of authorized purchasers? _____

Entity Type/Structure: (Please check all that apply)

Corporation Proprietorship Partnership LLC Other _____

OWNER(S)/OFFICER(S) INFORMATION

1. _____ ()
Name _____ Address (Home address for owners, No PO boxes) _____ Telephone Number _____

Social Security # (If not incorporated) _____ City _____ State _____ Zip _____

2. _____ ()
Name _____ Address (Home address for owners, No PO boxes) _____ Telephone Number _____

Social Security # (If not incorporated) _____ City _____ State _____ Zip _____

Yes No Details: _____

Has your corporation, any of the Owners, Partners, or Officers filed bankruptcy in the past seven years? If so please provide details.

CREDIT REFERENCES

1. _____
Company Name _____ Address _____ City _____ State _____ Zip _____
() ()

Credit Dept Telephone Number _____ Credit Dept Fax Number _____ Account Number _____

2. _____
Company Name _____ Address _____ City _____ State _____ Zip _____
() ()

Credit Dept Telephone Number _____ Credit Dept Fax Number _____ Account Number _____

3. _____
Company Name _____ Address _____ City _____ State _____ Zip _____
() ()

Credit Dept Telephone Number _____ Credit Dept Fax Number _____ Account Number _____

4. _____
Company Name _____ Address _____ City _____ State _____ Zip _____
() ()

Credit Dept Telephone Number _____ Credit Dept Fax Number _____ Account Number _____

5. _____
Company Name _____ Address _____ City _____ State _____ Zip _____
() ()

Credit Dept Telephone Number _____ Credit Dept Fax Number _____ Account Number _____

By executing this application applicant affirms that they have internet access and have read, understood and agreed to be bound by Damar Worldwide's ("DAMAR") terms & conditions located at <http://www.damarww.com> and to the following: No modifications to these terms or additional terms will be binding on DAMAR unless agreed to in writing by an officer of DAMAR. Any credit extended by DAMAR is at the sole & absolute discretion of DAMAR & may be modified or revoked at any time, for any or no reason. If DAMAR approves this application, I/we agree to pay for all goods/services bought within 30 days of receipt of said goods or services. I authorize DAMAR or its agent(s) to retrieve information from any source to be used for the purpose of granting credit. Should DAMAR have to take legal action or otherwise to collect the balance of the account, THE UNDERSIGNED PROMISES TO PAY ALL COSTS OF COLLECTION WHICH MAY INCLUDE BUT IS NOT LIMITED TO CONTINGENCY COLLECTION FEES, 1.5% INTEREST (COMPOUNDED MONTHLY) ON THE OUTSTANDING DEBT AND ALL ATTORNEY'S FEES.

Authorized Signature _____

Date _____

Printed Name _____

Title _____